

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKChiron WatkinsUSDC SDNY
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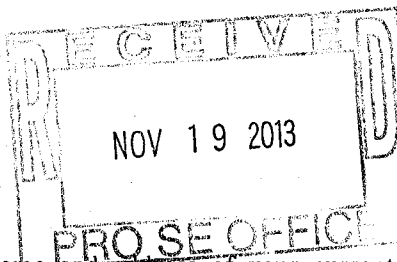
(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED
COMPLAINT**under the Civil Rights Act,
42 U.S.C. § 1983

-against-

Kamlesh Verma; Abraham David; Claudia
Fidanique; Venkataraman Radhakrishnan;
Gorovoy; Vasquez; Noel; Admont; Anozie; Wiggins. Jury Trial: ☒ Yes ☐ No
(check one)13 Civ. 5993 (LAP)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name Chiron WatkinsID# NYSID #0257277M # 8951300862Current Institution AMKC Rikers IslandAddress 18-18 Hazen Street
E. Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name All defendants

Shield #

Where Currently Employed Mid-hudson Forensic Psychiatric CenterAddress 2834 Route 17MNew hampton, NY 10958

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Who did
what?

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Mid Hudson Forensic Psychiatric Center

B. Where in the institution did the events giving rise to your claim(s) occur?

Within the dormitory of Building 3 Ward 31/32

C. What date and approximate time did the events giving rise to your claim(s) occur?

From April 20th, 2013 To June 20th, 2013

D. Facts: Defendants at mid Hudson has disregarded my health
Concerns Throughout my stay and subjected my living conditions to
a unhygienic environment and to cruel and inhumane behaviors.
My Constitutional rights were violated by the Codified

What
happened
to you?

rules enforced. MY human rights were not upheld by defendants. My solution to my medical concerns were not professionally reviewed or considered and was denied and ignored by defendants' opinionated decisions. I have sat in the presences of all defendants and brought to their attention the reason for my medical request numerous occasions and was denied without professional evaluation concerning the matter. I also mentioned to defendants solutions to the unhealthy environment, and inhumane behaviors verbally and/or written. Such as cleaning bathroom and dayroom 3 times a day, use anti bacterial chemicals, and issue spoons to eat certain foods like Peanut butter, oatmeal, or soup. Yet, because the facility is for mental illnesses the spoons were not allowed most the time. That destroys ones morals and values. I feel defendants had no consideration to the mentally ill and verbally abused them because of the lack of understanding and comprehension due to mental impairment.

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

- Human Rights and Constitutional Violations.
- Denial of medical attention to get to the source of migraines
- Constant migraine headaches
- Mental & Emotional Stress
- Misdiagnosis and false diagnosis
- Pain and Suffering

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

Defendants: Kamlesh Verma; Abraham David; Claudia Fidanique; Venkataraman Radhakrishman; and Gorovoy are/were members of the Treatment Team that held discussions, questions concerning evaluation and progress since my stay from 4-11-2013 to 6-20-2013. The above mentioned defendants disregarded my health concerns and health solutions that were not professionally reviewed or considered. With Mid Hudson being my temporary care taker The above mentioned defendants are to provide to me: food, clothing, shelter, social services, and medical care..Provision to Article 25(1) of Human rights. On April 11th, 2013 I arrived at Mid Hudson and mentioned my medical conditions to Dr. John Doe. I mentioned to the administration my concerns with the unhygienic environment, my concerns with the cruel and inhumane behaviors that I was subjected to, and the unconstitutional searches.

Defendants: Vasquez; Noel; Admont; Anozie; and Wiggins are/were members of the Treatment Assistants that were residential supervisors and oversaw the facility ward unit. The above mentioned defendants enforced codified rules as facility mandatory rules which violated my facility rights and constitutional rights. violations included the denial of a healthy meal because I choose to exercise my facility right to refuse treatment/program; illegal search of my property without me being present; confiscating hygienic products such as toothbrush, toothpaste, and towels. I brought to the above mentioned defendants and their supervisors attention that it would be consciously unsanitary to leave my personal hygienic products accessible to the other patients within my ward. That I was indeed around people with mental illnesses and would not want to use a toothbrush that another chose to use by mistake and that I was conscious of that and chose to avoid those risk.

Defendants mentioned within both above paragraphs has violated human rights, constitutional rights, facility rights, and my own morals and values by subjecting my stay at their facility to the cruel and inhumane behaviors and a unhealthy, unsanitary environment, as well as refusing one medical treatment and coercion the mentally ill. All mentioned defendants are indeed in partnership with the U.S. justice system, and other state and federal agents and are in violation of their sworn oaths under such partnership and employment as state and federal employees.

There are video cameras throughout ward 31 and 32. If they were functioning and recording properly the footage would conclude my claim within this Amend as unhygienic, cruel and inhumane behaviors the patients were subjected to and the actions of staff at mid hudson forensi psychiatric center.

without prejudice
UCC 1-207/ 1-308

Cher Watson

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Mid Hudson Forensic Psychiatric Center Administration.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

With Administration

1. Which claim(s) in this complaint did you grieve?

Constitutional Rights; Living Conditions; Medical Concerns; Searches and Seizures.

2. What was the result, if any?

Questioned about Complaint. No Resolution.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

The Administration, City Hall, NYC mental health and hygiene, Attorney General, media (7 eyewitness, 10/10 wins).

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

if any, did you take to appeal?

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I notified all defendants of my issues Grieved
Verbally. They Response was of no Consideration Toward
my Complaint.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

On 5/31/2013 a Complaint was filed With F.B.I
for mail Tampering. The Facility Provides Social Service
out going mail, 2 Per Week. I sent out Business mail in
April and it was Returned To me. I resent The mail And other
mail and mail that was sent in April returned to me with
no Return Postage by Post office in May by Defendant
Abraham David on May 31st, 2013. which I filed a FBI
Grievance.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

• \$75,000 each defendant in
Private & Official Capacity. • Defendants Removed from employment
duties, • \$10,000 fine To defendants for Violating federal rights,
• CAT SCAN/MRI/Neurologist Scanning or Screening, \$100,000 for Pain
Suffering, mental, and emotional stress, and Closed mental health
Case/Record until further notice

if any, did you take to appeal?

2.

If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

I notified all defendants of my issues Grieved verbally. They Response was of no Consideration Toward my Complaint.

G.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

On 5/31/2013 a Complaint was filed With F.B.I for mail Tampering. The Facility Provides Social Service outgoing mail, 2 Per Week. I sent out Business mail in April and it was Returned To me. I resent the mail And other mail and mail that was sent in April returned to me with no Return Postage by Post office in May by Defendant Abraham David on May 31st, 2013. Which I filed a FBI Grievance.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

• \$75,000 each defendant in Private & Official Capacity. • Defendants Removed from employment duties, • \$10,000 fine To defendants for Violating federal rights, • CAT SCAN/MRI/Neurologist Scanning or Screening, \$100,000 for Pain Suffering, mental, and emotional stress, and Closed mental health Case/Record until further notice

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ___

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) ① Eastern district, ② Southern district, ③ Eastern district, ④ Eastern district

3. Docket or Index number N/A Pending

4. Name of Judge assigned to your case N/A Pending

5. Approximate date of filing lawsuit N/A Pending

VI. Previous Lawsuits:

D. 1. Parties to the Previous Lawsuits:

① A) Plaintiff: Chiron Watkins

B) Defendants: NYC Kings County District Attorney Charles Hynes
and Luis Lopez Status: Pending

② A) Plaintiff: Chiron Watkins; Benjamin Soto; Douglas Puante

B) Defendants: NYC Dept. of Corrections; Dr. Dora Schirio - Commissioner
of NYC Dept. of Correction; Luis Rivera - Warden Status: Pending

③ A) Plaintiff: Chiron Watkins

B) Defendant: C.O. Townes Status: Pending

④ A) Plaintiff: Chiron Watkins

B) Defendants: NYC Police Department; P.O. Crenshaw; P.O. Woods;
P.A.A. P.O. Pryor; Sgt. Lee; Sgt. Donohue Status: In Process

6. Is the case still pending? Yes ☒ No ☐
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14th day of October, 2013

Signature of Plaintiff

Inmate Number

Institution Address

Without Prejudice

UCC 1-207/1-308

Cheron Watkins

8951300862

AMKC

#18-18 Hazen Street

E. Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14th day of October, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

without compensation

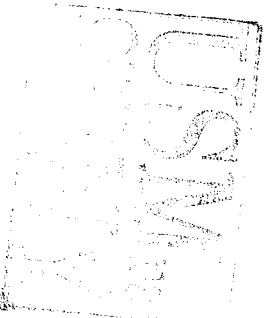
UCC 1-207/1-308

Cheron Watkins

Chiron Watkins

#51800862

18-18 Hazen St
Elmhurst, N.Y. 11370



United States District Court

Southern District of NY

Pro Se Office

U.S. Court House

500 Pearl Street

New York, NY

10007-1312

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NEW YORK NY 100

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